

PO5000010342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

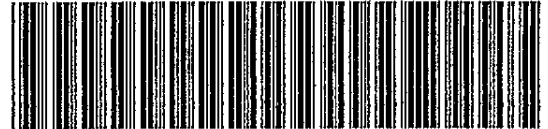
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

Rs 1/27/05
Act of Incorp.

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Accurate Medical Network, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Nicole Boursiquot

Name (Printed or typed)

5114 Okeechobee Blvd, Suite 105

Address

West Palm Beach, FL 33417

City, State & Zip

561-689-8884

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Accurate Medical Network, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5114 Okeechobee Blvd., Suite 105 - West Palm Beach, FL 33417

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide scheduling for diagnostic Testing

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Patrick Boursiquot - President - 5114 Okeechobee Blvd., Suite 105 - West Palm Beach, FL 33417

Nicole Boursiquot - Vice - President - 5114 Okeechobee Blvd., Suite 105 - West Palm Beach, FL 33417

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Nicole Boursiquot - 5114 Okeechobee Blvd., Suite 105 - West Palm Beach, FL 33417

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nicole Boursiquot - 5114 Okeechobee Blvd., Suite 105 - West Palm Beach, FL 33417

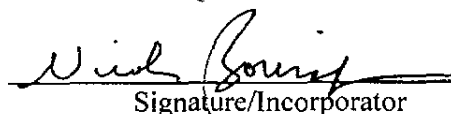
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

01/15/05

Date



Signature/Incorporator

01/15/05

Date

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05 JAN 18 AM 9:11

CLERK OF STATE
TALLAHASSEE, FLORIDA